JOB ANNOUNCEMENT

Job Title: **PT Airport Attendant & Maintenance Assistant**

Status: **Part-Time**

Salary: Group 9 Step 8: \$9.87/hour DOQ

Open Date: December 29, 2014 Closing Date: January 20, 2015 at 5:00 p.m.

Description:

Assists the Airport Manager in the operation of the airport terminal and aircraft refueling facilities; maintains the airport facilities; and ensures that safe and efficient service is provided to users of the City's airport. Assists the Building Maintenance Superintendent in conducting routine and non-routine maintenance tasks and inspections to all City buildings and facilities. Performs various maintenance tasks to help ensure the safe, clean and efficient operation of the Airport and other City-owned facilities. Work less than 30 hours a week including every Saturday.

Qualifications:

High school graduate, or its equivalent, or any equivalent combination of experience and training that provides the required knowledge, skills, and abilities.

Knowledge/skills/abilities:

Able to operate service equipment and observe safety procedures; able to work effectively with minimum supervision; ability to detect potential safety hazards. Knowledge of basic maintenance processes and/or aviation operations a plus but not required.

License Required:

Texas Driver's License

Content:

A City of Taylor Application is required for this position. Please send your application to: **Mail or Deliver to:** Human Resources, City of Taylor, 400 Porter St., Taylor, Texas 76574

Questions:

Email: esther.walton@taylortx.gov

Phone: 512-352-5993 Website: www.taylortx.gov

The City of Taylor is an Equal *Opportunity Employer*. Minorities are encouraged to apply.



JOB DESCRIPTION

Class No: 759 Title: Airport Attendant & Maintenance Assistant

Pay Group: 9 EEOC Category: Service-Maintenance

Date: December 16, 2014 FLSA Category: Non-Exempt

BRIEF DESCRIPTION OF THE JOB:

Assists the Airport Manager in the operation of the airport terminal and aircraft refueling facilities; maintains the airport facilities; and ensures that safe and efficient service is provided to users of the City's airport. Assists the Building Maintenance Superintendent in conducting routine and non-routine maintenance tasks and inspections to all City buildings and facilities. Performs various maintenance tasks to help ensure the safe, clean and efficient operation of the Airport and other City-owned facilities.

ORGANIZATIONAL RELATIONSHIPS:

Reports to: Airport Manager

Directs: This is a non-supervisory position

Other: Has contact with other City employees, vendors, Airport lessees and the general public

ESSENTIAL DUTIES:

This is a description of the way this job is currently performed; there is potential for accommodation.

| Av. % of time | Strength* | Physical Demand Code* |
|---------------|----------------------|--|
| 30 | L | A,B,C,D,E,F,G, H,I,J,M,N,O,P,Q, R,S |
| 30 | L/M | A,B,C,D,E,F,G, H,I,K,M,N,O,P, Q,R,T |
| 10 | L | A,C,H,I,J,K,M,Q |
| 10 | L | A,C,H,I,K,Q,R,S |
| 5 | S/M | A,B,C,D,E,F,G,H I,J,K,M,N,P,Q,R, S,T |
| | | |
| | 30 30 10 10 | 10 L 10 L |

^{*}See Physical Demands portion of job description for key to codes

| Description of Work | Av. % of time | Strength* | Physical Demand Code |
|--|---------------|-----------|-------------------------------------|
| Monitors and operates aeronautical advisory radio station to provide information to incoming and departing aircraft | Constant | S | A,B,Q,R,S |
| Assists with aircraft fueling and provide minor aircraft service | 1 | L/M | A,C,D,E,F,G,H,I, K,M,N,O,P,Q,R,S |
| Ensures that the Airport leasees are in compliance with the terms of the lease, and that the Airport is in compliance with state, federal safety regulations | 1 | S | B,F,H,I,K,M,Q, R,S |
| Monitors weather conditions from automated weather observation system and records data | 1 | S | A,B,H,I,Q,R,S |
| Assists in parking, tie-down, or other aircraft handling | 1 | L/M | A,C,F,G,H,I,J,K, L,M,Q,R,S |

OTHER IMPORTANT DUTIES:

| Description of Work | Av. % of Time | Strength* | Physical Demand Code* |
|---|------------------|-----------|---|
| Performs other administrative duties as required | 5 | S | A,B,C,D,E,F,G, H,I,K,M,N,O,P, Q,R,S,T |
| Performs other maintenance duties as required | 5 | S/M | All except L,O |
| Performs other attendant and support duties as required | 1 | L/M | All except T |
| Serves in extension of current duties as required for emergency management, particularly in the areas of emergency medical service and human services | As Needed | L/M | All |
| Provides quality customer service to city staff, the general public, and all other work contacts | Constant | N/A | N/A |

PHYSICAL DEMANDS:

| 1. Ove | erall Strength Demand | | | | | | |
|--------|-----------------------------|--------|-----------------------------|----------------|--------------|---|--------------------|
| | _SedentaryLight | X | Medium Heavy Ve | ery H e | avy | | |
| 2. Fre | quency for each physical of | demand | listed in Essential Duties: | | | | |
| F | A. Standing | F | G. Reaching | R | L. Crawling | C | Q . Vision |
| F | B . Sitting | C | H . Handling | F | M. Bending | C | R . Hearing |
| F | C. Walking | С | I. Fine Dexterity | О | N. Twisting | C | S. Talking |
| 0 | D . Lifting | 0 | J. Kneeling | О | O. Climbing | 0 | T. Foot Controls |
| 0 | E. Carrying | 0 | K. Crouching | О | P. Balancing | | U. Other |
| F | F. Pushing/Pulling | | | | | | |

C-Continuously, F-Frequently, O-Occasionally; R-Rarely

^{*}See Physical Demands portion of job description for key to codes

3. Description of Physical Demand

| Physical Demand | Description |
|-------------------------|---|
| STANDING/WALKING | To supervise and/or perform maintenance on equipment, grounds and facilities. To get from office/pilots lounge to work areas; to assist with service work; to work at office/pilot lounge. On asphalt, gravel, grass, dirt and mud. |
| SITTING | To perform administrative duties/desk work; to attend meetings; to drive; to attend office in chair while monitoring and recording flight/weather related information |
| LIFTING/CARRYING | Light tools/equipment to perform maintenance on grounds, equipment and/or facilities; to get pressurized full hose from fuel pump to plane (5 to 15 lbs depending upon type of pump) Various types of equipment: weed eaters (14 lbs), ladders (15 lbs); |
| PUSHING/PULLING | To operate weedeater, to pull fuel hose from pump (over 50 lbs. of initial exertion); to push planes to tie down area |
| REACHING | To various levels to replace light bulbs and conduct maintenance tasks |
| HANDLING/FINE DEXTERITY | For most aspects of job: to complete administrative related paperwork; to write sales receipts; to operate radio system; to perform aircraft handling services such as tie downs and fueling; operate computer; utilizing hand tools and equipment; |
| CROUCHING/KNEELING | To take readings on fuel pumps; to get under wings of small planes for tie downs; to maintain runway lights; to perform safety inspections. To pick up trash and other items in areas; to perform basic preventive maintenance on equipment; to conduct maintenance tasks |
| BENDING/TWISTING | To access and pull fuel hoses; to tie down planes |
| CLIMBING/BALANCING | To climb ladder to perform basic maintenance tasks. |
| VISION | For most aspects of the job: to service planes; to write reports; to work computer; to monitor plane traffic; to see windsock; To operate motor vehicle and all other equipment; perform repair and maintenance tasks; to operate fuel system point of sale terminal. |
| HEARING/TALKING | To communicate in clear English over radio |
| CRAWLING | To get under wings of small planes for tie downs |

NON-PHYSICAL DEMANDS:

| О | time pressures | F | noisy/distracting environment |
|---|---|---|---|
| О | emergency situations | О | tedious exacting work situation |
| R | irregular schedule/overtime | С | working closely with others as part of a team |
| R | danger/physical abuse | О | performing multiple tasks simultaneously |
| F | frequent change of tasks | | other (describe below) |
| 0 | varying periods of idle time interspersed with emergencies requiring intense concentration | | |

C-CONSTANTLY (2/3 or more of the time), F-FREQUENTLY (From 1/3 to 2/3 of the time), O-OCCASIONALLY (Up to 1/3 of the time), R-RARELY (Less than 1 hour per week)

SPECIAL REQUIREMENTS:

This part-time position requires an employee to work every Saturday in the Airport Office along with additional days during the work-week as agreed upon. Work hours not to exceed a total of 54 hours in each pay period. Work other hours as needed when assigned.

EQUIPMENT, MACHINES, TOOLS, AND WORK AIDS:

Radio, computer, telephone, calculator, ground power unit, hearing protectors, battery chargers, fuel delivery system, aviation fuel dispenser, jet fuel dispenser, mower, weedeater, hand tools, hand sprayer, all types of ladders, drills, saws, nail guns and tape measure.

ENVIRONMENTAL FACTORS AND SAFETY HAZARDS:

Exposed to weather, aircraft engine noise, dust, pollen, liquid petroleum products, cleaning products, electrical

KNOWLEDGE/SKILLS/ABILITIES:

Able to operate service equipment and observe safety procedures; able to work effectively with minimum supervision; ability to detect potential safety hazards;

Reading: Reads equipment manuals and operation warnings, safety handling caution literature,

Writing: Able to write brief memos, receipts, e-mail messages Math: Able to make change, calculate service charges,

Reasoning: Able to follow safety procedures and airport administration policies

Signature

Advanced Theoretical

Printed Name

Knowledge of basic maintenance processes and/or aviation operations a plus but not required Knowledge:

Regular and timely attendance is required.

| ACCEPTABLE EXPERIENCE AND TRAINING: High school graduation or its equivalent or any equivalent combination of experience and training that provides the required knowledge, skills, and abilities. |
|---|
| CERTIFICATES/LICENSES REQUIRED: Texas driver's license |
| SIGNATURE: |
| I acknowledge that I have read and understand the duties and demands required of this position and further affirm that I can perform them as described with or without accommodations. This job description does not constitute an employment agreement and is subject to change as deemed appropriate by the City of Taylor. |
| Applicant or Employee: |

Date



An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574

Phone: (512)352-5993 www.taylortx.gov

If you need assistance in completing this employment application, please inquire at the Human Resources Office. The City conducts pre-employment qualification testing and personal interviews in the application process. If you believe you will require reasonable accommodations (e.g., interpreter, TDD, scheduling adjustments) in the application process, please inform the Human Resources Office in writing when you submit your application.

| PERSONAL DATA | | | FOR OFFICE USE ONL | Y |
|---|------------------------------|---------------------------|---------------------------------------|------|
| (LAST NAME) | (FIRST NAME) | (INITIAL) | Received Ltr sent_ | |
| | | | Refs chkd Bkgd ck | |
| (STREET ADDRESS, RFD, P. | O. BOX) | | Interview Hired | |
| (CITY) | (STATE) | (ZIP CODE) | | |
| Phone Numbers:() | | Social Security Number | | |
| () | | Position(s) Applied for | | |
| Date you would be availab | ole to start work? | | _ | |
| Check type of work you as | re seeking: Regu | ılar 🗆 Temporary | ☐ Part time ☐ Full t | ime |
| Have you ever filed an app | olication with the City of T | Taylor before? □ Yes □ | No If yes, when? | |
| Have you ever been emplo | oyed here before? | □ Yes □ No | If yes, when? | |
| Are you related to any per If yes, list name and relation | | of Taylor? □ Yes □ N | lo | |
| Minimum Salary Requesti | ng \$per | | | |
| Name of School Attended | City/State | Dates Attended From To | Certificate/Diploma or De Received | gree |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SKILLS: List any additional special skills you may have (computer software, special equipment, languages, etc.)

EMPLOYMENT EXPERIENCE: List each position held. Start with your present or most recent assignment and work backward. If you need additional space, please continue on a separate sheet of paper. Attach additional sheets or resume if needed. May we contact your present employer? \square Yes \square No Employer **Employed From:** To: **Employer Address** Starting salary **Ending Salary** Job Title Supervisor and Phone no. **Summary of job duties** Reason for leaving **Employer Employed From:** To: **Employer Address Starting salary Ending Salary** Job Title Supervisor and Phone no. Summary of job duties Reason for leaving Employer **Employed From:** To: **Employer Address** Starting salary **Ending Salary** Job Title Supervisor and Phone no. Summary of job duties Reason for leaving

| Employer | Employed From: | То: |
|---|--|--------------------|
| Employer Address | Starting salary | Ending Salary |
| Job Title | Supervisor and Phone no. | |
| | | |
| Summary of job duties | Reason for leaving | |
| Employer | Employed From: | То: |
| Employer Address | Starting salary | Ending Salary |
| Job Title | Supervisor and Phone no. | |
| Summary of job duties | Reason for leaving | |
| | | |
| | | |
| Employer | Employed Enoma | To |
| Employer | Employed From: | То: |
| Employer Address | Employed From: Starting salary | To: Ending Salary |
| | | |
| Employer Address | Starting salary | |
| Employer Address Job Title | Starting salary Supervisor and Phone no. | |
| Employer Address Job Title Summary of job duties | Starting salary Supervisor and Phone no. Reason for leaving | Ending Salary |
| Employer Address Job Title | Starting salary Supervisor and Phone no. | |
| Employer Address Job Title Summary of job duties | Starting salary Supervisor and Phone no. Reason for leaving | Ending Salary |
| Employer Address Job Title Summary of job duties Employer | Starting salary Supervisor and Phone no. Reason for leaving Employed From: | Ending Salary To: |
| Employer Address Job Title Summary of job duties Employer Employer Employer Address | Starting salary Supervisor and Phone no. Reason for leaving Employed From: Starting salary | Ending Salary To: |
| Employer Address Job Title Summary of job duties Employer Employer Address Job Title | Starting salary Supervisor and Phone no. Reason for leaving Employed From: Starting salary Supervisor and Phone no. | Ending Salary To: |

| • | been convicted or | f a felony, mis | sdemeanor, or a | ny other crime | or been the subject of deferred |
|----------------------------------|----------------------|---------------------------------|-----------------------------------|--------------------------------------|--|
| adjudication? | □ Yes | □ No | If yes, give det | ails below. | |
| applying requi- for employmer | res the operation of | of a motor veh ment or an on | nicle. Convictionission will disc | on will not resu qualify you. Th | ne position for which you are lt in your automatic disqualification ne seriousness of the crime, the date ed.) |
| Date of Offense | Type of | I | evel and Degree of Of | fense | Court Disposition (Convicted, Deferred Adjudication) |
| Month/Year | Offense | Felony | Misdemeanor | Other Crime | |
| | | | | | |
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| | | | | | |
| Do you have a | current Texas Dri | iver's License | ? □ Yes | □ No I | icense # |
| Do you have a Type of license | | | | | icense # |

REFERENCES: List three persons not related to you who are qualified to describe your capabilities for the position you seek.

| NAME | ADDRESS | PHONE | OCCUPATION | | | | |
|--|---|-------|------------|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| AUTHORIZATION FOR RELEASE OF INFORMATION: I certify that the statements and information contained herein are true, complete and correct to the best of my knowledge and I authorize any former employer to release to an authorized representative of the City of Taylor any and all employment records or other information it may have about my employment. I understand that the information will be used for the purpose of evaluating my application for employment and that I am responsible for providing legal documents and verifying my identity and eligibility for employment. In addition, I understand that if selected for an interview, true copies of all degrees, certificates or licenses listed on this application will be required before an offer of employment can be made. A photocopy of this authorization shall be as valid as the original. | | | | | | | |
| I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination. | | | | | | | |
| I understand that the City of Taylor may check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with job requirements. | | | | | | | |
| I understand that offers of employment are conditioned upon my passing a Drug Screening. | | | | | | | |
| wages or salary, be terminated a application or during the interview | I understand that if hired, my employment would be for no definite period of time and may, regardless of the date of payment of my wages or salary, be terminated at any time. All information is subject to verification and that intentional misrepresentation on my application or during the interview process will subject me to immediate discharge. The City of Taylor is an "at-will" employer and only written representations of offers made by the City of Taylor will be enforceable. | | | | | | |

Date:_____

Signature of Applicant:_____



An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574 Phone: (512)352-5993

www.taylortx.gov

EEOC STATISTICAL DATA FORM

Dear Applicant:

Our commitment to a policy of providing equal employment opportunities to all applicants without regard to race, color, disability, religion, age, sex or national origin requires that certain information on all job applicants be gathered and maintained for statistical purposes only. Completion of this form is voluntary on your part and will not affect your opportunity for employment with us. However, to fulfill our commitment, we would appreciate your supplying the information requested below.

<u>PLEASE NOTE</u>: The information requested on this form will be used for <u>statistical reporting purposes only</u>. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment, nor will it become part of your personnel file if you are hired.

INSTRUCTIONS: Please check the box corresponding to the correct response(s) in each of the categories

| SEX | | | AGE (in years) |
|-------|---|-----|---|
| SEA | | | AGE (III years) |
| | Male | | Under 40 |
| | Female | | 40 and above |
| RACIA | AL/ETHNIC GROUP | HOW | / DID YOU FIND OUT ABOUT THE JOB? |
| | Caucasian (Not of Hispanic Origin) | | Posted Job Announcement |
| | Black (Not of Hispanic Origin) | | Texas Employment Commission |
| | Hispanic Origin | | Current Employee |
| | Asian or Pacific Islander | | Friend |
| | American Indian or Alaskan Native | | Newspaper |
| | | | Just walked in |
| | | | Other (specify) |
| DISAE | <u>BILITY</u> | | |
| Do yo | ou have a disability? \square Yes \square | No | |
| | s described as: 1) physical or mental impairment wh | | stantially limits a major life activity; 2) previous recor- |



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Authorization for Release of Information

I hereby authorize any investigator or duly accredited representative of the City of Taylor bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of Taylor and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

Written inquiries about criminal convictions will not automatically disqualify an applicant for a particular job and the type and seriousness of the crime, the frequency of violations, the applicants age at the time of conviction, the date of conviction, and the applicant's entire work and educational history will be considered.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

| Applicant's name (Print or Type) | Date |
|----------------------------------|------------------------|
| Applicant's signature | Social Security Number |
| Address | Phone |



An Equal Opportunity/Affirmative Action Employer

400 Porter Street, Taylor, Texas 76574

Phone: (512)352-5993 www.taylortx.gov

DAUGHTER

GRANDSON

UNCLE

NEPOTISM CERTIFICATION

| | 1 | NEFOLISM CERTIF | ICATION | | |
|--------------------------|-----------------|---|------------------------------|-----------|-----------------------|
| Applicant's Name | | | | | |
| Position(s) Applying | For: | | | | |
| (marriage) or within the | he third degree | City of Taylor who is a consanguinity (blo could supervise his or h | od) to any mem | ber of th | e City Council, City |
| • • • | se related by b | lood to any of the abov If yes, please | | our pros | pective supervisor in |
| | | Nepotism Charts | | | |
| GRE GRANDF | | GREATGRANDDAUGHTER THIRD DEGREE | GREATGR | ANDSON | |
| GREAT GRAND MOTHE | SISTER. | SECOND DEGREE | GRANDFATHER MOTHER BROTHER | AUNT | |

CONSANGUINITY KINSHIP CHART

THIRD DEGREE

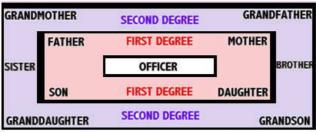
NEPHEW

FIRST DEGREE
SECOND DEGREE

SON

GRANDDAUGHTER

NIECE



AFFINITY KINSHIP CHART

 Spouses of relatives within the first or second degree of consanguinity (e.g., son-in-law, mother-in-law, brother-in-law, etc.) are also included in the prohibition.

| Signature | Doto | | |
|-----------|------|--|--|
| Signature | Date | | |

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

| I,, ackn | , acknowledge that a Computerized Criminal | | | |
|--|--|--|--|--|
| APPLICANT or EMPLOYEE NAME (Please print) | | | | |
| History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure | | | | |
| Website and will be based on <u>name and DOB</u> identifiers I supply. (This is not a consent form.) Authority | | | | |
| for this agency to access an individual's criminal history data may be found in Texas Government Code | | | | |
| 411; Subchapter F. | | | | |
| Name-based information is not an exact search | and only fingerprint record searches represent | | | |
| true identification to criminal history, therefore the organization conducting the criminal history check is | | | | |
| not allowed to discuss with me any criminal history record | rd information obtained using this method. The | | | |
| agency may request that I have a fingerprint search perf | Formed to clear any misidentification based on | | | |
| the result of the <u>name and DOB</u> search. Once this process is completed the information on my | | | | |
| fingerprint criminal history record may be discussed with me. | | | | |
| In order to complete the process I must make an appointment with the Fingerprint Applicant | | | | |
| Services of Texas (FAST) as instructed online at www | w.txdps.state.tx.us /Crime Records/Review of | | | |
| Personal Criminal History or by calling the DPS Program | m Vendor at 1-888-467-2080, submit a full and | | | |
| complete set of fingerprints, request a copy be sent to the | agency listed below, and pay a fee of \$24.95 to | | | |
| the fingerprinting services company. | | | | |
| (This copy must remain on file by your agen | cy. Required for future DPS Audits) | | | |
| | | | | |
| Signature of Applicant or Employee | 73 | | | |
| | Please: Check and Initial each Applicable Space | | | |
| Date | CCH Report Printed: | | | |
| CITY OF TAYLOR | | | | |
| Agency Name (Please print) | YES NO initial | | | |
| ESTHER A. WALTON | Purpose of CCH: | | | |
| Agency Representative Name (Please print) | Empl Vol/Contractor initial | | | |
| · | Date Printed: initial | | | |
| Signature of Agency Representative | Destroyed Date: initial | | | |
| | Retain in your files | | | |
| Date | | | | |